



Application No. (if known): 09/925,635

Attorney Docket No.: 04305/100H520-US1

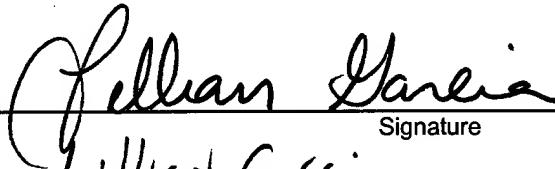
## Certificate of Express Mailing Under 37 CFR 1.10

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MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on June 9, 2005  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Typed or printed name of person signing Certificate

Registration Number, if applicable

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Amendment in Response to Final Office Action (5 pgs)

Amendment Transmittal (1 pg.)

Petition for 3 Month Extension (1 pg.)

Notice of Appeal (1 pg.)

Transmittal Form (1 pg.)

Fee Transmittal (1 pg.)

Check in the amount of \$1,520.00

Return Postcard

8854



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/925,635-Conf. #2913
		Filing Date	August 9, 2001
		First Named Inventor	Nanna K. Soni
		Art Unit	1648
		Examiner Name	S. A. Foley
Total Number of Pages in This Submission	11	Attorney Docket Number	04305/100H520-US1

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (5 pgs.) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):  Amendment Transmittal (1 pg.); Certificate of Express Mailing (1 pg.); Check in the amount of \$1,520.00; and Return Receipt Postcard
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Remarks</div>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	DARBY & DARBY P.C.		
Signature			
Printed name	Stephen K. Sullivan		
Date	June 9, 2005	Reg. No.	43,171



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,520.00)

## Complete if Known

Application Number	09/925,635-Conf. #2913
Filing Date	August 9, 2001
First Named Inventor	Nanna K. Soni
Examiner Name	S. A. Foley
Art Unit	1648
Attorney Docket No.	04305/100H520-US1

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues) 50 25  
 Each independent claim over 3 (including Reissues) 200 100  
 Multiple dependent claims 360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
8	- 20 =	x	=			
1	- 3 =	x	=			

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1253 Extension for response within third month	1,020.00
1401 Notice of appeal	500.00

SUBMITTED BY	
Signature	<u>Stephen K. Sullivan</u>
Name (Print/Type)	Stephen K. Sullivan